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ABSTRACT

Experiences in developing and evaluating a parent group program for new parents are related and problems and strategies for future programs supporting new parents are discussed. The Family Development Parenting Groups (FDPGs) developed in Nashville are also described. Meeting in the infant's second or third month for six weekly and then four monthly meetings, FDPGs discussed basic topics relevant to the adjustment to parenthood. Topics included the parent-infant relationship, the marital relationship, infant health and nutrition, cognitive development, socialization, and effective parenting techniques. Results of a comparison of FDPG participants with parents who had expressed interest in attending the FDPGs showed few significant advantages for FDPG participants. (Subsequent sections of the document, entitled "Goals," "Implementation," "Evaluation," and "Ethics," analyze possible reasons for the results of the comparison and indicate steps necessary for an accurate evaluation of the impact of parenting groups.) (Author/RH)

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SUPPORTIVE PARENT EDUCATION PROGRAMS:

WHAT WE ARE LEARNING

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Paper presented as part of the symposium on Increasing the Effectiveness of Parent-Infant Support Programs (L. P. Wandersman, Chair) at the biennial meeting of the Society for Research on Child Development, Boston, Massachusetts, April 2-5, 1981.

The transition to parenthood can be challenging, rewarding, demanding, exhausting and stressful. Groups of new parents have begun meeting around the country to provide support and education to facilitate the transition. Groups for new parents have generated enthusiastic reviews by professionals, participants and the media. Systematic evaluation of parent groups, however, has generally been lacking.

Parent groups generally share the assumption that mutual peer support and sharing can help new parents grow in confidence, improve their parenting behaviors, and ultimately facilitate their children's development. This assumption makes sense. In addition, diverse theories postulate the benefits of support groups including: (1) mutual help groups aimed at the mastering of developmental tasks can be a primary prevention strategy to reduce maladjustment and promote positive growth (Goldston, 1977); (2) social support can buffer the stress of transitions, including the transition to parenthood, and can facilitate coping through help, resources and caring; (3) reference groups of similar others can provide role models and standards for self-evaluation (Festinger,1954); (4) accurate information and support can lead to more appropriate parenting behaviors (White, 1975) and coping skills (White, 1974). While there are many compelling reasons to expect parenting groups to be immensely successful, they have actually had difficulty in attracting participants and in providing evidence of their benefits for participants.

In this paper I will draw upon my experiences in developing and evaluating a parent group program for new parents and on the experiences of others to discuss some problems and to suggest some strategies for

future programs to support new parents. First, I'll briefly describe the Family Development Parenting Groups (FDPGs) we developed in Nashville. Then I'll analyze the problems and promising directions of the FDPGs and similar programs in terms of (a) goals, (b) implementation, (c) evaluation, and (d) ethics. Several programs which focus on support for parenting of newborns which have attempted to evaluate their programs are selected for contrast and are highlighted in Table 1.

FAMILY DEVELOPMENT PARENTING GROUPS (FDPG)

The Family Development Parenting Groups were developed in Nashville "to make the difficult job of parenting less isolated and more rewarding through information, sharing experiences and social support" (Wandersman, 1978, p. 121). Groups of husbands, wives, and babies began meeting in the babies' second or third month for six weekly meetings and then four monthly meetings. Meetings focused on basic topics important in the adjustment to parenthood including the parent-infant relationship, the marital relationship, infant health and nutrition, cognitive development, socialization, and effective parenting techniques. Discussions tailored each topic to the concerns of the particular group and encouraged participants to share experiences and alternatives, to respect and reinforce each parent's feelings and to make choices based on their own family's needs and values.

To evaluate the program participants (N = 23 wives plus 18 husbands) filled out questionnaires at the start and completion of the group. A contrast group (N = 24 wives plus 24 husbands) from the same expectant

TABLE 1. A COMPARISON OF SOCIAL SUPPORT PROGRAMS FOR NEW PARENTS

	BADGER 1981	CRONENWETT 1979	DICKIE, GARNAHAN & GERBER 1980	MCGUIRE & CARVETH 1979	PORTER 1979	POWELL 1979	VANDOORNINCK & DAWSON 1981	WANDERSMAN 1978, 1980
GOAL	Parent skill	Support	Parent skill	Support	Parent skill	Support	Support	Support
CURRICULUM	Structured	Unstructured	Structured	Unstructured	Structured	Unstructured	Unstructured	Structured discussion
LEADERS	Varies	Parents	Counselor	Doctors	Nurses	Paraprofessionals	Paraprofessionals	Varies
POPULATION	Low-Income adolescent mothers	Middle-Income mothers	Middle-Income couples	Middle-Income couples	Low-Income adolescent mothers	Lower-Middle-Income mothers	Low-Income mothers	Middle-Income couples
DESIGN	Random assignment	No control	Random assignment	Random assignment	Random assignment	No control	Random assignment	Contrast
MEASURES	Infant assessment. Mother's life skills.	Subjective perceptions.	Interaction & observation. & Parental sense of competence.	Network support, problem solving knowledge. Parenting stress. Health & well-being.	Maternal-Infant health. Maternal-Infant bonding. Marital adjustment. Network support.	Process, network, coping, Mother-Infant interaction. Childbearing beliefs.	Use of services. Childrearing beliefs. Maternal perception or and skill with infant.	Subjective perceptions & well-being. Marital adjustment. Parental sense of competence. Infant temperament
RESULTS	Group mothers fewer subsequent pregnancies & welfare & higher employment.	Recognition of universal feelings important. Interpersonal skills increased.	Experimental infants more responsive & predictable. Experimental parents respond more appropriately to infant & more contingent responses.	No difference in stress, well-being, health. Successful group parents report increase in network & discussing child care.	Not available.	Not available.	No difference. Low participation in groups.	No difference in adjustment measures. Subjective reports of gains & satisfaction.

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parents' groups who had expressed interest in attending filled out questionnaires at parallel times. Measures included general well-being and mood, marital satisfaction, infant's temperament, parental sense of competence and division of household and child care responsibilities. Results showed improvement for all respondents over the first year, with few significant advantages for FDPG participants (Wandersman, 1980; Wandersman, Wandersman and Kahn, 1980).

In spite of the lack of objective results, participants reported high levels of satisfaction with the groups and reported that they felt the groups had positively affected the way they felt about themselves and their expectations for themselves as parents and their interactions with their babies (Wandersman,1978). Participants attended regularly, formed babysitting pools, contacted each other outside of meetings, formed lasting friendships, and recommended the groups to friends.

Should we conclude from the lack of significant differences that the FDPGs are without impact? In the following sections I will analyze some possible reasons for the disappointing results and the steps necessary before we can accurately evaluate the impact of parenting groups.

GOALS

The goals of the FDPGs and many other groups for new parents (e.g., Cronenwett, 1980; McGuire and Gottlieb, 1979) emphasize social support. Support is defined in common usage as encouragement or help. Support does not mean to change, to improve or to mold. The FDPGs were designed to support new parents through encouragement, through respect for individual styles of parenting, needs and values, through information that parents could use in their coping skills, and through discussions

of advantages and disadvantages of approaches. This approach encouraged diversity.

It seems to me and to the parents who participated that this aim of providing support during a difficult transition period is worthwhile in reducing anxiety and increasing confidence. However, in the FDPG project we were filled with enthusiasum and high expectations. We envisioned an exciting chain reaction in which reduced anxiety would lead to improved marital interaction, optimal parenting, and more responsive babies. Instead of focusing our evaluation on the project goals of reduced isolation, increased rewards, and increased information, we focused on the hypothesized second-order effects such as well-being, marital satisfaction, child rearing attitudes and parental sense of compentency.

This global type of evaluation is incompatible with the goals in several ways including: (1) the measures do not directly parallel the goals or focus of the program; (2) the measures emphasize global, relatively stable characteristics which are deeply rooted and difficult to change by a short term project; (3) the evaluation does not measure the process of support -- whether participants actually felt they shared experiences, feelings, assistance; (4) the evaluation does not measure direct effects of support-- reduced isolation, comfort in role, increased help with problem-solving. For example, McGuire and Gottlieb (1979) reported no significant differences between parent group and controls on general measures such as problem-solving. Mothers in a successful

parenting group, however, showed an increase in number of network members and discussions of child care with network. Thus attending parenting groups affected the support network but not global traits or characteristics.

Before we can truly evaluate the goal of providing support for new parents, we need to evaluate whether support is being provided and perceived and then whether participants feel more confident, relaxed and helped.

IMPLEMENTATION

Parenting groups to support new parents vary in goals, curriculum, leaders and target population, as shown in Table 1. Little is known about how parenting groups are actually put into action, what motivates parents to attend, what goes on during sessions, how parents perceive the groups and their own role in them.

Rosenberg, Reppucci and Linney (1979) suggest that lack of attention to problems of implementation may be a major factor in the limited success of human service programs. They document the problems that their program had in getting referrals and attracting parents. They conclude that the success of a program may hinge on the process of selling the program to agencies and potential participants. The problem that all parenting group programs have in getting participants and maintaning attendance may indicate the need to develop more sophisticated ways to inform parents about the benefits of participating. On the other hand, parents may be indicating by not attending that they don't like or need the programs or that the programs don't fit their needs.

The problem of attracting participants will not be solved, however, by asking "Why don't more parents participate?" We need to address the question "What kind of parents attend what kind of programs under what conditions?" For example, Badger (1980) reports that White Appalachian mothers attended less than Black mothers and suggested husband disapproval as a possible reason. In the FDPGs, husbands who participated reported higher marital adjustment and fussier babies than contrast fathers (Wandersman, 1980). Powell (1980) reported low network reciprocation positively influenced mothers' attendance. All these findings suggest the importance of the family ecology in determining group participation. Knowing the characteristics of people who do not attend can help us gear programs more effectively to their needs.

Parenting groups are not a "treatment performed on subjects", nor even an "intervention with parents." Rather they are a group transaction in which the members influence each other and their babies, develop norms and expectations, and determine what the group will accomplish. The members themselves provide, or fail to provide, support. For example McGuire and Gottlieb (1979) report increases in social support for participants in a group led by one doctor but not another. We do not, however, know the actual differences between the groups in leader, participants or content. Powell's (1979) design emphasizes the importance of understanding the process. His program analyzes (1) the relation between parents' program experiences and changes in child and family

behavior, and (2) the relation between parents' program experiences and staff and family characteristics. This type of analysis is crucial to understanding how programs actually interact with participants.

We need to document what goes on in parenting groups and how different parents interact with the group. What topics are discussed and what recommendations are made? Do parents share feelings and experiences? Which parents drop out? In order to understand the effects of parenting groups we need to understand what they do, for whom.

EVALUATION

Evaluations of parenting groups have extensive problems in design and measures. Parents are not rats who can be randomly assigned to uniform treatments and isolated from contaminating variables. Parents self-select, drop-out, modify their groups, and transform their experiences. While these factors make design and evaluation messy, they make people human and they make programs vibrant.

Random assignment is often difficult in parenting groups because, as in the FDPG, there may be insufficient numbers of parents or because community relations might suffer if parents are deprived of a requested program. Even when random assignments are made, parents determine their level and type of participation and attendance. As suggested by Powell (1979) analysis of the relationship between family characteristics and participation and its effects is necessary.

Measures of objective and subjective support are needed. As we found in the FDPG, global measures of marital adjustment or parental attitudes are not sensitive to parenting group support. Measures need

to be developed and refined of the subjective and behavioral processes of support including: (1) interaction process: degree of interaction, sharing experiences, advice or reinforcement from members of the group; (2) information acquisition: accuracy of parenting or child development information and how to get it; (3) instrumental support: degree of help from others, baby-sitting pools, play groups; (4) emotional support: feelings of reduced isolation and anxiety, enjoyment of parenting; (5) network augmentation: additions to the network on its frequency of contact or helpfulness.

Whenever possible observation and objective measures should supplement the questionnaires that have been relied on heavily in past research. Dickie and Gerber (1980) found parenting group mothers and infants more competent and responsive to each other using direct observation of interaction but not with more subjective questionnaires of parental sense of competence. Observations of both parents or other members of the family's network might reveal diffusion effects or changes in patterns of effects. For example, Dickie and Gerber (1980) found that parenting group mothers decreased their interaction with their infants while fathers increased theirs.

Second-order effects of support on parent or child outcomes like the child's mental develcpment or the parent's competence are in need of longer-term follow-up. Only Badger's study (1980) followed participants longer than a few months after the end of the groups. Her finding of group effects on the mother's repeat pregancies, education and employment is intriquing and suggests the possibility that support groups can have "sleeper" effects appearing in later follow-ups.

Evaluation of parenting groups should move from the pre-post questionnaire to measures of the process of support and its short and long-term effects for families with different characteristics.

ETHICS

Support appears to be a benign concept. We need, however, to be aware of the possibilities that,in practice,some support programs can have negative consequences.

Parenting groups for new parents can increase demands on time which is in very limited supply in the first few months with a new baby. Several mothers invited to participate in our program said "I'd love to come but I have a new baby." Parenting groups can sometimes threaten the shaky confidence of new parents by suggesting that there may be other ways to do things or other people coping more effectively. One mother whose baby cried continuously felt that, in spite of all the groups' encouragement,there was something wrong with her for not being able to soothe her baby as well as other mothers. A group may also pressure participants to conform to group norms or may encourage participants to become dependent on the group for problem-solving or encouragement.

It may be especially useful to analyze groups which are not going well and participants who drop out or are not happy with the group to determine if parenting groups are interfering in the lives of some participants.

CONCLUSION

Parents who participate in groups for new parents, generally attend consistently, enjoy their participation, learn some relevant information

and feel less alone. These are important and valued effects for parenting group programs to document. The process of increasing support for families with different characteristics needs to be better understood. While changes in parental functioning as a result of support may sometimes be desirable, and should be measured, changes in global and stable aspects of functioning may be difficult to obtain and may not appear immediately. More sensitive measures of the process and effects of support need to be developed before we can evaluate the role of parenting groups in the lives of new families.

Parenting groups may not make participants into super-parents and turn babies into contented geniuses. Some parents may find the adjustment to parenthood relatively smooth and may not need parenting groups. Other parents may not have the resources to take advantage of parenting groups or may be better suited to a more individual or didactic approach. But for some parents, parenting groups may provide needed support in a critical period. As one mother in the FDPG put it:

> "I think I have been able to adjust to parenthood more readily and comfortably simply by knowing that other new parents share the same problems in adjusting to their new roles. I also feel that it has helped my husband and I discuss our feelings more openly because I have had a reason to share them with this group experience. It has made us both feel less isolated in this business of parenting " (Wandersman, 1978, 124).

We need to design our programs to emphasize and evaluate that feeling.

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